

EMPLOYMENT AND COMMUNITY FIRST QUALIFIED ASSESSOR REFRESHER TRAINING PART III

Training Resources

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- ☐ Please utilize the Life Skills Assessment and Inventory for Client and Agency Planning (ICAP) when reviewing this training

Learning Objectives

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- Introduction & Purpose of the LSA
- Learn the LSA
- Learn the ICAP

Introduction—Life Skills Assessment (LSA)

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- Person-Centered
- Strengths-Based
- Based on MOCABI—Missouri Critical Adaptive Behaviors Inventory
 - ▣ Relevant to daily living
 - ▣ Easy administration

Purpose of Assessment

5

- Screening for Employment and Community First CHOICES
 - ▣ Person **must** meet:
 - ID/DD criteria
 - At-Risk or Nursing Facility Level of Care
- Make target population and safety determinations

Defining Intellectual Disability

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Substantial Limitation in Functioning

- Significantly sub-average intellectual functioning
- Before age 18
- Limitations in 2+ adaptive skill areas
- Need for services, supports, or assistance to continue indefinitely

LSA

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- Communication
- Self-care
- Home Living
- Social skills
- Community use
- Self-direction
- Health & safety
- Functional Academics
- Leisure
- Work

Defining Developmental Disability

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Over Age 5

- Mental and/or Physical Impairment
- Before age 22
- Substantial functional limitations in 3+ life activities
- Likely to continue indefinitely

Defining Developmental Disability

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Up to age 5

- Substantial developmental delay
- Specific congenital or acquired condition
- High probability of resulting in DD
- Services and supports needed

Major Life Activities

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- Self-care
- Receptive & Expressive Language
- Learning
- Mobility
- Self-direction
- Capacity for Independent Living
- Economic Self-Sufficiency

LSA's Role with Defining Target Population

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- ❑ **Intellectual Disability-** prior to 18 years of age and a minimum of two substantial functional limitations
- ❑ **Developmental Disability-** prior to 22 years of age, and a minimum of three substantial functional limitations
- ❑ Always refer back to the original diagnosis to determine if they are ID/DD, or both.
- ❑ Ask to see any paperwork available; psychological assessments, school records, attestations from family members, etc.

Learning Objectives

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- Introduction & Purpose of the LSA
- Learn the LSA
- Learn the ICAP

Assessment Description—Life Skills Assessment (LSA)

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- ❑ Observation & interviews
 - ▣ Applicant
 - ▣ Informant
- ❑ 7 Areas of major life activities
 - ▣ 4–6 questions each area



Self-care



Receptive &
Expressive Language



Learning



Mobility



Self-direction



Capacity for
Independent Living



Economic Self-
Sufficiency

Ability Statements

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- Present in life activity section
 - ▣ Describes critical ability
 - ▣ Describes skills within ability
- Physical Abilities
- Mental Abilities
- Combination
- Comments following each statement
 - ▣ Record specific strengths and weaknesses of performance
- Always positive
 - ▣ Describes ability, not deficiency

Scoring

15

| Yes | No | N-C |
|-----------------------|--------------------------|--------------------------|
| Possesses the ability | Does not possess ability | Cannot make a conclusion |

Information Sources

16

| Observation | Applicant | Informant |
|----------------------------------|------------------------------|---|
| Observation by the intake worker | Self-report by the applicant | Verbal reports by members of the applicant's family or other reliable individuals |

LSA Administration

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1. Provide Overview & Rationale
2. Confirm Understanding
3. Deliver Purpose Statement
4. Review Instructions
5. Conduct Interview
6. Review Results
7. Score & Record Results

Step 1: Provide Overview & Rationale

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- Appropriate to the applicant's receptive language skills
- Include:
 - Employment and Community First CHOICES is an integrated managed long-term services and supports (MLTSS) program that is specifically geared toward promoting and supporting integrated, competitive employment, and independent, integrated community living as the first and preferred option for individuals with intellectual and developmental disabilities
 - Before an applicant can be found eligible for services, a series of functional comprehensive evaluations must be conducted to identify real life limitations resulting from the disability
 - The LSA is designed to help the assessor observe what the applicant can and cannot do in seven areas of major life activity
 - The applicant will be asked to show the assessor how s/he does many things around the home or place of interview. Some of the things may be a little personal, and the applicant has the right to refuse any request. However, enough must be observed to complete the assessment.

Step 2: Confirm Understanding

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- Ask the applicant to explain the rationale for the LSA
 - ▣ Ensures applicant (and informant) understanding and cooperation



Step 3: Deliver Purpose Statement

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The purpose of this interview is to determine what you can and cannot do independently and to find out what your needs are. This is one of the tools used to help us determine the services that you might need.

Step 4: Review Instructions

21

- Applicant reads instructions
 - ▣ Informs of:
 - Reading ability
 - Ability to follow instructions
 - Writing ability
 - ▣ Accommodate for lack of ability
- Document through ability statements

Step 5: Conduct Interview

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- Use Ability Statements
 - ▣ Paraphrase when appropriate
- Ask applicant to perform activity to observe
 - ▣ Combine activities when possible
- Semi-structured interview
 - ▣ Not rigid structure to question order



Step 6: Review Results

23

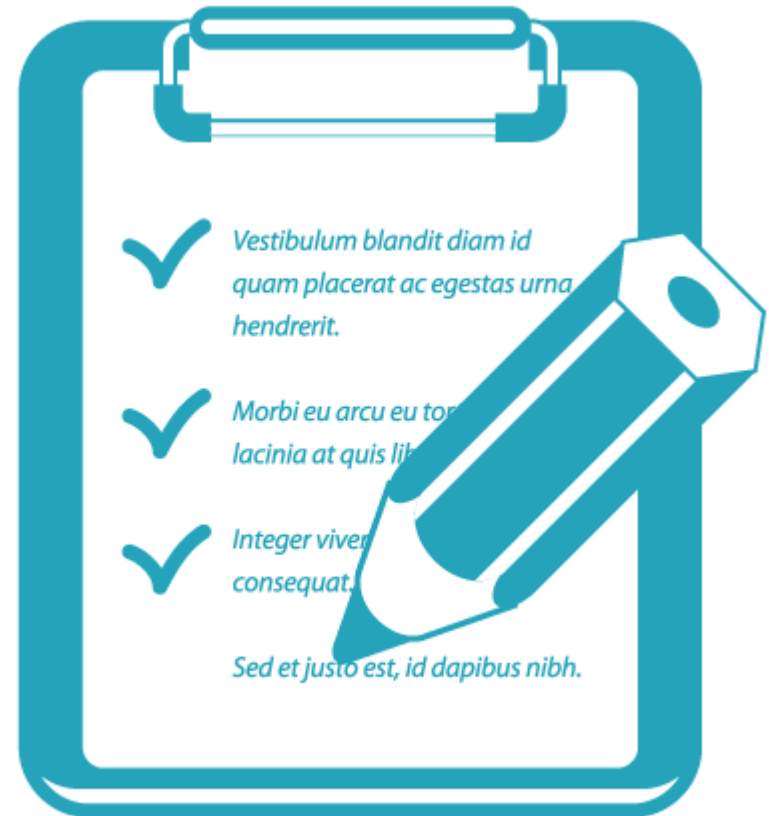
- Review the results with applicant & informant
 - ▣ Ensure information is complete & accurate
 - ▣ Clarify discrepancies



Step 7: Score & Record Results

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- Score the LSA
- Record results on the summary sheet



Arranging the Evaluation

25

- Typically occurs at the person's home
- Be creative
 - ▣ Example:
 - Call the person to assess communication skills



Observation

26

- ❑ Preferred source of information
- ❑ Yes or No whenever possible
 - ▣ Stop with confirmation of lack of ability
- ❑ Document each informant on a new form



Life Skills Assessment Tool – Cover Sheet

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| | |
|---|---|
| APPLICANT NAME: | [Full legal name] |
| PRIMARY INFORMANT'S NAME: | [Legal Name] |
| PRIMARY INFORMANT'S RELATIONSHIP TO APPLICANT: | [Specify] |
| OTHER INFORMANTS' NAMES AND RELATIONSHIP TO APPLICANT: | [List all, Specify] |
| QUALIFIED ASSESSOR NAME: | [Your name] |
| QUALIFIED ASSESSOR CODE: | [Your code] |
| MCO NAME OR DIDD REGIONAL OFFICE: | [Full name] |
| LOCATION OF INTERVIEW: | [Type and address] |
| LANGUAGE USED*: | [Must match applicant's and informant's primary language] |
| DATE OF INTERVIEW: | [mm/dd/yyyy] |
| * Assessment must be conducted in applicant and informant's primary language(s) | |

Personal Data Sheet- cannot be left blank

Please fill in each of the boxes below. If you cannot write, someone will write your answers for you. This task helps us find out if you can do three important things. First, it helps tell us if you can read and follow directions. Second, it helps tell us if you can respond in writing to requests for information. Third, it tells us if you can provide personal data when needed, like when you apply for a job or visit a doctor.

Thank you for your help.

Your name

Your date of birth

Your sex (check one): ☐ Male ☐ Female

The address where you get your mail:

City

State

Zip code

Your telephone number (include area code):

Your Social Security Number:

The highest level of education you have completed:

☐ Grade school or middle school

☐ High school

☐ Some college

☐ Associate degree

☐ Bachelor degree

☐ Master degree

☐ Doctorate degree

Tell us about your current or most recent job.

Tell us about your disability and how it affects your life.

ABOVE DATA FILLED IN BY THE

☐ APPLICANT

☐ QUALIFIED ASSESSOR

SELF-CARE

Daily activities which enable a person to meet basic needs for food, hygiene and appearance.

PERSPECTIVE

The applicant must demonstrate the ongoing ability to appropriately perform basic activities of daily living with little or no assistance or supervision.

6 item Category

Requires a deficit in TWO areas for a substantial functional limitation

| | |
|--|--|
| <p>1. Applicant bathes or showers independently, including transfer to tub or shower, turning on and adjusting water, scrubbing, washing hair, transfer from tub or shower and drying, without using assistive devices.</p> | <p>Score NO if there is evidence that applicant is at high risk of injury, if assistance or supervision is not available.</p> |
| <p>2. Applicant completes grooming independently, including brushing/combining hair, brushing teeth, shaving, and cleaning and trimming nails, without using assistive devices.</p> | <p>Score NO if the applicant requires more than 1 hour to groom because of physical limitations.</p> |
| <p>3. Applicant independently selects attire appropriate to season and activity and independently dresses and undresses self, including underclothes, outer clothes, socks and shoes, without using adapted clothes or assistive devices.</p> | <p>Score NO if the applicant requires more than ½ hour to dress because of physical limitations or requires help in getting clothes out of closets or drawers.</p> <p>Ignore issues of style or taste unless there is evidence that applicant is or would be rejected by peers, employers, etc., if assistance was not available.</p> |
| <p>4. Applicant is continent of bowel and bladder, and independently toilets self, including transferring to toilet, wiping self and transferring from toilet, without using assistive devices. If alternative methods of urinary voiding or fecal evacuation are applicable, applicant independently completes entire routine.</p> | <p>Score NO if applicant is dependent upon special equipment unique to his/her bathroom.</p> <p>Score YES if applicant requires a standard accessible bathroom but is able to toilet self independently.</p> |
| <p>5. Applicant independently feeds self; including cutting food, lifting food and drink to mouth, chewing and swallowing when served a prepared meal, without using assistive devices.</p> | <p>Score NO if the applicant routinely experiences major problems such as dropping food and spilling beverages, choking, gagging or takes more than (1) one hour to complete an average meal.</p> |
| <p>6. Applicant self-administers oral medications, including opening container, obtaining correct dosage, placing medications in mouth, swallowing, and closing container, without using assistive devices.</p> | <p>Score NO if applicant does not understand the purpose of medications and is at risk of illness or injury if unsupervised.</p> |

RECEPTIVE AND EXPRESSIVE LANGUAGE

Communication involving verbal and non-verbal behavior enabling a person to understand and express ideas and information to the general public with or without assistive devices.

PERSPECTIVE

The applicant must demonstrate the ability to understand ordinary spoken and written communications and to speak and write well enough to communicate thoughts accurately and appropriately on an ongoing basis

4 item Category

Requires a deficit in ONE area for a substantial functional limitation

1. Applicant can hear and comprehend the content of ordinary spoken conversations in the applicant's primary language without using a hearing aid or other assistive device.

Sign language is not a spoken language. Therefore score **NO** if dependent upon sign language. If a foreign language interpreter is required, score **YES** if the applicant demonstrates comprehension via the interpreter. Score **YES** if applicant understands the content, even though s/he may have difficulty with specific words. Score **NO** if unable to gain accurate comprehension of content.

2. Applicant pays attention and can follow simple directions given to him or her verbally.

The applicant must complete the task independently, including both physical and cognitive components.

3. Applicant can communicate basic wants and needs, and answer simple questions in a manner that can be understood by others, without the use of assistive devices.

If applicant is dependent upon augmentative speech devices or sign language, score **NO**.

4. Applicant has sufficient vocabulary and intelligible speech or nonverbal communication skills to interact with individuals of casual acquaintance and conduct ordinary business in the community.

The LSA interview is representative of ordinary business unless the assessor feels that his/her special skills are essential to facilitating communications. The interviewer qualifies as a casual acquaintance unless s/he is very familiar with the applicant.

LEARNING

General cognitive competence and ability to acquire new behaviors, perceptions and information and to apply experiences in new situations.

PERSPECTIVE

The applicant must demonstrate ability to acquire information, process experiences, and appropriately perform ordinary age-appropriate cognitive tasks on an ongoing basis.

6 item Category

Requires a deficit in TWO areas for a substantial functional limitation

| | |
|--|---|
| <p>1. Applicant is able to provide complete and accurate personal data, including name, date of birth, place of residence (street address, city, and state), telephone number, etc. without using assistive devices.</p> | <p>Score YES if applicant independently completes page 1 of the LSA tool.</p> |
| <p>2. Applicant is able to read and understand items such as personal mail, labels on food or other common domestic products, menus in restaurants, and signs in the community.</p> | <p>Ignore lack of speed or fluency. Comprehension is the issue. Score YES if applicant understands the content, even though s/he may have difficulty with specific words. Score NO if unable to gain accurate comprehension of content.</p> |
| <p>3. Applicant is able to do simple addition and subtraction, identify basic units of money—pennies, nickels, dimes, quarters, \$1, \$5, \$10 and \$20, calculate the value of combinations of these items and make change up to \$5.00.</p> | <p>Score YES even if the applicant lacks the physical skills to manipulate the coins but accurately calculates the value with minimal assistance from the interviewer, for example, moving the coins under the direction of the applicant.</p> |
| <p>4. Applicant is able to tell the time of day, including A.M. and P.M. (or morning, afternoon and evening) using a time-keeping device, use a calendar to tell the day of the week and month of the year, and associate activities with the appropriate time of day or year, without using assistive devices.</p> | <p>The terms “morning and afternoon” or “day and night” may be substituted for A.M and P.M. Either analog or digital watches and clocks may be used.</p> |
| <p>5. Applicant is able to write his or her name, a note for self or someone else, send an email or text message, and complete basic forms.</p> | <p>Applicant must demonstrate ability to respond to a variety of requests for information. If applicant is clearly limited to providing basic data from rote learning and memory, score NO.</p> |
| <p>6. Applicant is able to complete a task involving at least three steps that are presented verbally at the beginning of the task (stand up, take the tray to the other side of the room, and set it on the blue table).</p> | <p>Be sure tasks assigned can be physically met by applicant.</p> |

MOBILITY

Motor development and ability to use fine and gross motor skills. Ability to move about with or without assistive services.

PERSPECTIVE

While performing purposeful activities, the applicant must demonstrate ability to move about with little or no assistance or supervision on an ongoing basis.

4 item Category

Requires a deficit in ONE area for a substantial functional limitation

1. Applicant independently and safely moves about within indoor and outdoor environments, without using a wheelchair, crutches, cane, or other assistive device.

If applicant is independent in mobility with the single exception of climbing stairs, score **YES**.

2. Applicant independently and safely pulls self into a standing position, stands, and transfers self from one surface to another, e.g., bed to chair, chair to bed, onto and off toilet, in and out of bath or shower, etc., without using assistive devices.

If applicant is independent in transferring, score **YES**.

3. Applicant is able to turn knobs or handles to open a door, lock and unlock doors, and enter and exit the home, without using assistive devices.

If applicant is independent, score **YES**.

4. Applicant independently picks up small objects, carries small objects, removes wrappings, opens containers, and pours and stirs, without using assistive devices.

If applicant is independent, score **YES**.

SELF-DIRECTION

Management and control over one's own personal and social life. Ability to make decisions and perform activities affecting and protecting own personal interests.

PERSPECTIVE

The applicant must demonstrate ongoing ability to take charge of life activities, as age-appropriate, via an appropriate level of self-responsibility and assertiveness.

6 item Category

Requires a deficit in TWO areas for a substantial functional limitation

1. Applicant makes and implements essentially independent daily personal decisions regarding diet (what to eat, when to eat, where to eat) and schedule of activities, including when to get up, what to do (for example, work, leisure, home chores, etc.) and when to go to bed.

In cases where the applicant has minimal opportunity to self-direct because of restrictions imposed by living arrangements, score **YES** only if applicant clearly has the ability and has done so at some previous point in time.

2. Applicant makes and implements essentially independent major life decisions such as choice of type and location of living arrangements, marriage, and career choice.

For young adults who have not had to make major decisions as yet, consider their understanding of the process of decision-making as well as performance in making and implementing minor decisions, and score **YES** if they clearly demonstrate the potential.

3. Applicant possesses adequate social skills to establish and maintain interpersonal relationships with friends, relatives, or coworkers.

Key considerations in assessing this ability are the equality and endurance of relationships. If applicant has interpersonal relationships but they are dependent upon the other party or a third party to maintain, score **NO**.

4. Applicant sets personal goals and makes plans and takes steps to accomplish them.

In cases where the applicant has minimal opportunity to self-direct because of restrictions imposed by living arrangements, score **YES** only if applicant clearly has the ability and potential or has done so at some previous point in time.

5. Applicant solves problems and takes responsibility for own actions, obeys laws.

In cases where the applicant has minimal opportunity to self-direct because of restrictions imposed by living arrangements, score **YES** only if applicant clearly has the ability and potential or has done so at some previous point in time.

6. Applicant is able to manage physical and mental health, self-refers for routine medical and dental checkups and treatment, including selecting a doctor, setting appointment and providing a medical history as necessary.

In cases where the applicant has minimal opportunity to self-direct because of restrictions imposed by living arrangements, score **YES** only if applicant clearly has the ability and potential or has done so at some previous point in time.

CAPACITY FOR INDEPENDENT LIVING

Age-appropriate ability to live without extraordinary assistance from other persons or devices, especially to maintain normal societal roles.

PERSPECTIVE

The applicant must demonstrate ability to function on an ongoing basis as an adult, independent of extraordinary emotional, physical, or medical support systems.

6 item Category

Requires a deficit in TWO areas for a substantial functional limitation

1. Applicant generally carries out regular duties and chores (shopping, simple meal preparation, laundry, light housekeeping, etc.) safely and without need for reminders.

In cases where the applicant has minimal opportunity to perform chores regularly because of restrictions imposed by living arrangements, score **YES** if indeed clearly able.

2. Applicant is aware of a variety of community businesses and resources such as grocery stores, department stores, gas stations and quick stops, banks, post office, libraries, churches, etc. and independently finds and uses services or resources as needed.

Applicant must demonstrate common knowledge of community resources and the ability to access those when needed. If disability prohibits this, score **NO**. If applicant freely chooses to not use resources, score **YES**.

3. Applicant is able to get around in the neighborhood and community (including safely crossing streets and driving or using public transportation).

Applicant must demonstrate independence or describe times when he has able of independently getting around in his community.

4. Applicant can be left alone during the day without being considered to be at significant risk.

If applicant has never been left alone because of restrictions of living arrangements, probe for specific anticipated risks. Score **YES** if none are identified.

5. Applicant is able to protect self from being taken advantage of, and knows how to ask for help when needed.

Score **YES** only if applicant clearly has the ability and has done so at some previous point in time.

6. Applicant has hobbies and interests, is aware of community businesses and activities such as restaurants, parks, recreational facilities and programs, sporting events, movies, etc. and independently selects and participates in desired activities on a regular basis.

Applicant must demonstrate common knowledge of community activities and the ability to access those of choice. If disability prohibits this, score **NO**. If applicant freely chooses to limit his/her activities, score **YES**.

ECONOMIC SELF-SUFFICIENCY

Age-appropriate (not applicable for children under age 16) ability to live without extraordinary financial assistance from other persons. Ability to maintain adequate employment and financial support. Ability to earn a “living wage,” net, after payment of extraordinary expenses occasioned by the disability.

PERSPECTIVE

The applicant must demonstrate ability to function on an ongoing basis as an adult, independent of extraordinary financial support systems.

4 item Category

Requires a deficit in ONE area for a substantial functional limitation

1. Applicant is able to independently manage his or her own money, budget for required living expenses, keep track of financial obligations, and pay bills on time.

The applicant need not have high-level math skills. The key is levels of responsibility and organization adequate to manage financial matters either directly or by directing others on a timely basis.

2. Applicant has post-secondary (upon exiting school) work experience in a competitive, integrated setting, earning at least minimum wage without paid assistance (through VR, etc.) in obtaining or maintaining employment OR if still in school and at least age 16 or older, has part-time work experience or (paid or unpaid) internship experience OR expresses desire and intent to work upon exiting school.

Score **YES** if applicant has work experience (paid or unpaid) and/or expresses desire and intent to work.

3. Applicant is able to demonstrate knowledge of and competence for several traits of a good employee such as being prompt, attending regularly, accepting supervision and getting along with coworkers. (Applicant may be able to talk about school experiences as they relate to this area if no work history has been established.)

Applicant need not mention any particular trait listed but must demonstrate general understanding of the expectations of the world of work. To score **YES**, traits must be verified by the informant

4. Applicant is able to express a vocational preference and describe with reasonable accuracy the education and skills required.

Ignore issues of probability for success in stated vocational preference. Score **YES** if applicant is unable to state a preference because s/he is knowledgeable of and attracted to several jobs.



STATE OF TENNESSEE, HEALTH CARE FINANCE & ADMINISTRATION
BUREAU OF TENNCARE, LONG TERM SERVICES & SUPPORTS
TENNESSEE LIFE SKILLS ASSESSMENT (LSA)

| MAJOR LIFE ACTIVITY: CATEGORY VII ECONOMIC SELF-SUFFICIENCY (not applicable for children under age 16) | SOURCE OF INFORMATION | | | | | | | | |
|---|--|-------------------------------------|--------------------------|-------------------------------------|-------------------------------------|--------------------------|-------------------------------------|-------------------------------------|--------------------------|
| | OBSERVATION | | | APPLICANT | | | INFORMANT | | |
| | Y | N | N-C | Y | N | N-C | Y | N | N-C |
| 1. Applicant is able to independently manage his or her own money, budget for required living expenses, keep track of financial obligations, and pay bills on time. Comments: <input type="text"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Applicant has post-secondary (upon exiting school) work experience in a competitive, integrated setting, earning at least minimum wage without paid assistance (through VR, etc.) in obtaining or maintaining employment OR if still in school and at least age 16 or older, has part-time work experience or (paid or unpaid) internship experience OR expresses desire and intent to work upon exiting school. Comments: <input type="text"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Applicant is able to demonstrate knowledge of and competence for several traits of a good employee such as being prompt, attending regularly, accepting supervision and getting along with coworkers. (Applicant may be able to talk about school experiences as they relate to this area if no work history has been established.) Comments: <input type="text"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Applicant is able to express a vocational preference and describe with reasonable accuracy the education and skills required. Comments: <input type="text"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| CATEGORY VII | | | | | | | | | |
| X | SUBSTANTIAL FUNCTIONAL LIMITATION (Two (2) or more statements marked No under Observation OR under Applicant AND confirmed by Informant OR by multiple Informants/sources.) | | | | | | | | |
| <input type="checkbox"/> | NO SUBSTANTIAL FUNCTIONAL LIMITATION (All statements are marked yes or? under Observation and all statements marked? under Observation are marked Yes under at least one (1) other source of information.) | | | | | | | | |
| <input type="checkbox"/> | POSSIBLE FUNCTIONAL LIMITATION (Neither Substantial Functional Limitation nor No Substantial Functional Limitation.) | | | | | | | | |
| APPLICANT'S NAME: <input type="text"/> | | | | | | | | | |

Summary Page- must be completed

| MAJOR LIFE ACTIVITY | SUBSTANTIAL FUNCTIONAL LIMITATION | NO SUBSTANTIAL FUNCTIONAL LIMITATION | POSSIBLE FUNCTIONAL LIMITATION |
|--|---|---|--------------------------------------|
| CATEGORY I: SELF-CARE | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| CATEGORY II: RECEPTIVE AND EXPRESSIVE LANGUAGE | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| CATEGORY III: LEARNING | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| CATEGORY IV: MOBILITY | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| CATEGORY V: SELF-DIRECTION | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| CATEGORY VI: CAPACITY FOR INDEPENDENT LIVING | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| CATEGORY VII: ECONOMIC SELF-SUFFICIENCY | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| COLUMN TOTALS | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 5 | 2 | 0 |

Documentation is “By Exception”

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- If responses are in agreement a comment is NOT needed
- What requires a comment?
 1. A Yes, No, No response
 2. A conflict between the responses provided by applicant and informant
- Avoid N/C responses as much as possible, and keep to a minimum
- Observer needs to put an answer for each question
- Rate for what is observed and document the reason for the rating if observer disagrees with applicant and informant
- N/C responses by applicant due to **communication** barriers should be explained with a separate note on cover sheet
(i.e.: applicant does not use verbal communication)

Scoring the Assessment

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- 7 categories/concepts in the assessment, and 4 or 6 questions for each category
- **Substantial deficit:** 2 No responses in 6 question category
1 No response in 4 question category
- **Non- substantial deficit:** all Yes responses
- **Possible Deficit :** 1 No response
- Scan down the page to look for yes's and no's, and count them to determine overall deficit
- The bottom of each page **MUST** be completed - indicate limitation
- Check page to make sure it is completed in its entirety and that questions were asked correctly before moving on to the next page
- ***If they do not qualify, go back through assessment to ensure you captured all items correctly***

Common Errors

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- ❑ INCOMPLETE ASSESSMENTS
- ❑ INCONSISTENT SCORING
- ❑ NOT ENOUGH INFORMATION



Errors: continued



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INCOMPLETE ASSESSMENTS:

- ❑ Cover sheet: qualified assessor information left blank on summary page
- ❑ Only the applicant is interviewed, and no additional informant (this will ALWAYS be denied)
- ❑ Observation section left blank
- ❑ Applicant responses marked as N/C due to inability to communicate verbally- assessor should make decisions on answers, and avoid N/C whenever possible
- ❑ CHECK ALL PAPERWORK TO ENSURE IT IS FULLY COMPLETED!

Errors: continued



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INCONSISTENT SCORING :

- ❑ Responses throughout LSA do not match Summary Page totals
- ❑ Categories completed correctly, but correct information is not transferred to summary page
- ❑ 4 question categories: not following instruction on using only **ONE** statement to make determination for substantial functional limitations

NOT ENOUGH INFORMATION:

- ❑ Comments included are generalized and do not provide enough information (i.e. “He needs support with shaving”)
- ❑ Ask more questions and document specific answers
- ❑ Ensure comments provided do not contradict answers

After LSA Completion

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- TennCare may provide detailed notes regarding the PAE you submitted to assist you in developing your skills.
 - ▣ Read the notes from TennCare that are provided regarding the PAE
 - ▣ Apply the notes after the LSA is reviewed— they will let you know if the LSA is denied and if there was an error
 - ▣ Contact TennCare if you have any questions.

Learning Objectives

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- Introduction & Purpose of the LSA
- Learn the LSA
- Learn the ICAP

Supports Intensity Scale (SIS)

Supports Intensity Scale

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□ WHO

- ▣ You request a SIS assessment from TennCare
- ▣ TennCare approves and notifies Ascend
- ▣ Ascend Conducts the assessment

□ WHY

- ▣ The SIS is used to determine if ECF Level 6 supports are warranted

□ When

- ▣ Generally within 2 weeks
- ▣ Ascend has 5 days from referral to complete and finalize the assessment

□ How

- ▣ Assessments are conducted **face-to-face** with at least 3 respondents
- ▣ Semi-structured interview
- ▣ Generally takes 1.5 – 2 hours to complete

Respondents

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- AAIDD has established specific criteria as to who qualifies as a SIS[®] respondent.
 - ▣ The person must:
 - Have known the individual being assessed for at least 3 months.
 - Be able to speak knowledgably about support needs across a variety of everyday settings.
- Ascend must have at least THREE valid respondents to conduct the SIS[®] assessment.

Inventory for Client and Agency Planning (ICAP)

Problem Behaviors

Introduction and Purpose of the ICAP

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- Used to identify problem behaviors and capture an overall picture of the person's type and level of behavior problems, not document each and every behavior that has occurred
- Completed ONLY as part of a safety determination request **or** if behaviors were identified during intake
- Assessment is completed with two informants that have had contact with the person in the last 30-90 days.

Identifying Problem Behaviors

57

- Problem behaviors limit independence and require attention.
- Consider the consequences of the behavior and how others are impacted
- Ask, “How does this behavior affect their day?”
- It is extremely important that you do not score for a behavior that is characteristic of a person’s mental age level.
- The inability to learn, or simple lack of adaptive behavior, should not be considered a behavior problem if it is developmentally age appropriate.

Considerations for Rating Problem Behaviors

58

- Consider a person's actual age. Would a person of the same age also engage in the same behavior? For example, would it be typical that a teenager or young adult would not want to complete their chores, or choose to not obey the rules of the home?
- Consider if the behavior is related to a person's medical diagnosis. If a person has Tourette's Syndrome, and yells out obscenities as a part of their diagnosis, it would not be considered a problem behavior.
- Consider communication. If the person's only means of communication is making loud vocalizations or screaming, these noises may not be considered a problem behavior

Behavior Categories

59

- ❑ Hurtful to Self
- ❑ Hurtful to Others
- ❑ Destructive to Property
- ❑ Disruptive Behavior
- ❑ Unusual or Repetitive Habits
- ❑ Socially Offensive Behavior
- ❑ Withdrawal or Inattentive Behavior
- ❑ Uncooperative Behavior

Hurtful to Self and Hurtful to Others

60

- **Hurtful to self** – Injures own body

Key Word – Injures

- **Hurtful to others** – Causes physical pain to other people or animals.

Key Word – Physical Pain

Considerations for Hurtful to Self/ Hurtful to Others

61

- What is the injury to themselves or others?
- Are they or others receiving medical attention because of the behavior?
- What is the intent of the behavior? Was it purposeful, with the intent to harm themselves or others, or was it accidental?

What Is Not Hurtful to Others/ Hurtful to Self

62

- Calling people names is not hurtful to others. We are considering physical, not emotional pain for the ICAP. Calling people names would be considered under the socially offensive behavior category.
- If they have poor balance or spastic motions and accidentally hurt others, this would not be considered as hurtful to others.
- Biting nails may not be considered hurtful to self unless someone is ripping their nails off and really injuring themselves.

Destructive to Property

63

- Deliberately breaks, defaces or destroys things
- Key word: DELIBERATE
- Consider INTENT: Are they breaking things on accident or on purpose?

Destructive to Property (Cont.)

64

- What are they destroying, and what is the extent of the damage?
- Are they replacing doors, TV's windows, or patching walls?
- Are there any modifications in place such as plexiglass over windows, or TV's?
- Are certain items locked up because they may break them?
- In what environment does this occur? Is it all environments, or just when they are at home, school, community, church, etc. ?

Disruptive Behavior

65

- ❑ Disruptive Behavior interferes with the activities of others.
- ❑ Consider the consequences of this behavior.
- ❑ How are others affected by this behavior?
- ❑ If a person is laughing, crying, or occasionally yelling out, this may not be considered as disruptive behavior, if it is related to their communication style.
- ❑ If a young person argues and complains all day with their parents or caregivers, we need to take into consideration if this is typical behavior for someone of that age. This might not be rated as a problem behavior.
- ❑ Pestering would only be rated if it is severe.

Unusual or Repetitive Habits

66

- Consider what the consequences are of this behavior.
- What would happen if no supporters were available to stop the behavior?
- Look at the chronological age of the person.
- Look at medical diagnoses such as Tardive Dyskinesia. Noises and gestures that a person makes related to this diagnosis would not be something they could control.

Rating Repetitive Habits

67

- ❑ Self stimulation such as arm flapping, rocking, or pacing would not always be rated.
- ❑ Destructive/ Harmful to Self– Rocking would be rated if it is destructive or harmful to self.
- ❑ Disruptive to Others – Is this behavior limiting their activities or places they can go in the community?
- ❑ PICA and food seeking behavior would be captured here.

Socially Offensive Behavior

68

- ❑ Behavior that is offensive to others and is done with the intent to offend.
- ❑ Personal beliefs should not be used to score behaviors here.
- ❑ Cursing – Rate when they are purposefully cursing with the intent to offend others.
- ❑ Belching, passing gas, nose picking – these are normal bodily functions. They would only be rated if done with intent to offend.
- ❑ Touching genitals to indicate the need to use the restroom would not be rated here.

Withdrawal or Inattentive Behavior

69

- Difficulty being around people or paying attention.
- Ask if there has been a change in behavior recently.
- Take into account of the mental ability, chronological age, some diagnoses, and personality traits when scoring this behavior.
- Query, query, query! Get and document as much information as possible.

Withdrawal or Inattentive Behavior (Cont.)

70

- ❑ Look at what the consequences are of this withdrawal and if it is limiting their ability to participate in community activities or daily activities.
- ❑ Do they have a reserved or shy personality?
- ❑ Do they sleep too much during the day because they are up all night?
- ❑ ADHD and autism - Don't rate for the presence of these diagnoses alone. Are they doing well on medication? If so, you may not rate it.
- ❑ Are the symptoms so severe that it limits the person's daily life?

Uncooperative Behavior

71

- Ask if they are being uncooperative or if they are expressing their right to choose.
- Consider a person's actual age. Is it likely that a typical teenager would not want to complete household chores?
- Consider if refusing to go to school or work is causing them to get dismissed from school or lose their job.
- Stealing- should be intentional. Taking something without realizing consequences would not always be captured here. Balance out consequences with intent.
- Eloping- describe measures that are in place to address and prevent this

Categorizing Problem Behaviors

72

- ❑ It is important to remember that **YOU** categorize behaviors and assign severity, not the interviewees.
- ❑ If a genuine behavior problem exists, determine which of the eight behavior categories listed best captures the key elements of the problem.
- ❑ **REMEMBER** – only capture behaviors in **ONE** category. Pick which category fits it best and rate it there.

Categorizing Problem Behaviors (Cont.)

73

- Many behaviors occur in a emotional outburst. The behavior may start in one category and progress through several others before it ends.
- We **do not** code a single episode of behavior or emotional outburst in multiple categories, even when several categories are present. Behaviors that typically occur together or within a few minutes of each other should be considered to be a single problem and categorized as a single type.
- For these behaviors it is important to get the full description of the entire episode, and then code the part of the behavior that is the most serious.

Examples – Categorizing Problem Behaviors

74

- For example, John screams socially offensive remarks, swears, and lashes out at others when having an emotional outburst. The key element in his behavior is that he makes socially offensive remarks when this behavior happens, so the socially offensive nature of his remarks is coded as the primary behavior.
- Alternatively, when David has a behavior, he kicks walls causing damage, and curses. This behavior would be coded as destructive to property, as the damage to walls is the most notable or worrisome aspect of the outburst. We do not code both the property destruction and the swearing, but only the most severe part of the outburst.

Frequency Scoring: How often does this behavior usually occur?

75

b. Frequency: How often does the behavior usually occur? *

- ☐ Never
- ☐ Less than once a month
- ☐ One to 3 times a month
- ☐ One to 6 times a week
- ☐ One to 10 times a day
- ☐ One or more times a day

- ❑ For frequency, you will count the **actual** number of reported occurrences, not potential occurrences during the most recent month. Count episodes as separate occurrences if they happen more than 10 minutes apart, otherwise consider them as one occurrence. Count the total episodes during waking hours across all environments.
- ❑ Behaviors that are so serious that they are never allowed to occur, would be rated as less than once a month. Examples: sexual aggression, arson, murder, etc.
- ❑ Cyclical behaviors, such as with some mental illnesses, or behaviors that occur around a specific time of year should be rated based on the frequency in the last year.

Severity Scoring and Documentation

76

c. Severity: How serious is the problem usually caused by this behavior? *

- ☐ Not serious not a problem
- ☐ Slightly serious a mild problem
- ☐ Moderately serious a moderate problem
- ☐ Very serious a severe problem
- ☐ Extremely serious a critical problem

- ☐ You are responsible for determining severity, and should not ask the interviewee to do this for you.
- ☐ Does the problem occur in all environments or just some? Can the problem be managed with changes to the environment or structure?
- ☐ Does the problem limit activities?
- ☐ You may need to query more or review documents (behavior plans or IEP's if applicable) to determine which of the appropriate 5 scores applies to the primary behavior.

Severity Scores: 0, 1

77

0—Not serious, not a problem

- ❑ Odd, eccentric, peculiar
- ❑ Not everyone considers it to be a problem
- ❑ It means either no behavior exists for this category or that the behavior is insignificant

1—Slightly serious, a mild problem

- ❑ Can usually be managed by common sense and a structured environment
- ❑ Annoying, embarrassing, worrisome
- ❑ Considered to be a problem, but not necessarily in all environments
- ❑ Does not seriously limit activities

Severity Scores: 2

78

2—Moderately serious, a moderate problem

- ❑ Serious enough that it is addressed by a personalized objective
- ❑ Written procedures have been developed
- ❑ Objectionable, unacceptable
- ❑ A problem across several environments
- ❑ Limits some activities

Severity Scores: 3

79

3—Very serious, a severe problem

- ❑ So severe it is the primary documented personalized behavior objective
- ❑ Has written procedures
- ❑ Every occurrence is documented
- ❑ Very frightening, repulsive, or dangerous
- ❑ Frequency/severity reduced only with constant vigilance and highly structured environment
- ❑ Difficult or impossible for a single staff person to control
- ❑ Limits activities or environments that can't be structured

Severity Scores: 4

80

4—Extremely serious, a critical problem

- May be life-threatening or have imminent danger
- Personized objective and written record of every occurrence of the behavior
- Frequency difficult to reduce even with constant vigilance and a highly structured environment
- Extremely serious consequences that are not minimized even with a highly structured environment, implemented behavior plan and staff involvement

Scoring Problem Behaviors

81

- ❑ Decide on the category
- ❑ Score frequency
- ❑ Score severity
- ❑ Describe the primary problem so that a quality reviewer can clearly understand the behavior.
- ❑ If there are no problems, select 0 for frequency and severity for each of the eight categories
- ❑ Answer E.9

ICAP Interview Guidelines

82

- ❑ Ask the informants what behavior problems, if any, does the person have.
- ❑ DO NOT go through each of the eight categories with your informant. Let them tell you a story and describe the problem behaviors.
- ❑ Ask follow up questions when the informants tell you the story, so you have enough information to score the frequency and the severity.
- ❑ If the information provided only fits some categories, you DO NOT have to ask if they have any behaviors in the other remaining categories.
- ❑ DO NOT provide them with a list of examples from the ICAP Booklet. Those are listed only to explain what the categories mean, not to suggest that they are problems for everyone.

Questions to Ask Informants

83

- ❑ How does it limit activities?
- ❑ When does this occur?
- ❑ What would it look like to someone watching?
- ❑ What helps it to stop?
- ❑ What is the USUAL outcome?
- ❑ How intense can it get? What leads to more intense flare ups?
- ❑ What is the most worrisome aspect of the behavior?
- ❑ What plan is in place to manage the behavior?
- ❑ Has this happened in the past 90 days?
- ❑ How often has it happened in the last month?
- ❑ In what environment does it occur?

Documentation – Clinical Reporting Form

84

- Each informant's interview notes should be documented separately within the Clinical Reporting Form. Do not mix the responses from the different informants. The interviews should also be held separately.
- Remember, **two** informants need to be interviewed.
- Responses should be documented 1-8 to correspond with the categories on the booklet. For example, #1 on the Clinical Reporting Form should address #1 on the ICAP Booklet – Hurtful to self, etc.
- If a problem behavior is written and rated on the ICAP Booklet, it should also be described in detail in the interview notes on the Clinical Reporting Form.

PERSON/ASSESSOR/CONSERVATOR INFORMATION

| | | | | | |
|---|--|----------------------|----------------------|----------------------|----------------------|
| Person Name: | <input type="text"/> | SSN: | <input type="text"/> | DOB: | <input type="text"/> |
| Person's Address (Street, City, State, Zip) | <input type="text"/> | | | | |
| County: | <input type="text"/> | Region: | <input type="text"/> | Assessment Date: | <input type="text"/> |
| Assessor Name: | <input type="text"/> | | Assessment Entity: | <input type="text"/> | |
| Does the person have a court appointed conservator/guardian | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Conservator Name: | <input type="text"/> | |
| Conservator Phone: | <input type="text"/> | Conservator Address: | <input type="text"/> | | |

CHECKLIST & SIGNATURES

☐ I invited the conservator to have opportunity for meaningful participation in the ICAP assessment.

If guardian was unresponsive or declined participation, document contact attempts:

By my signature below, I acknowledge fidelity to ICAP Project processes and ICAP item definitions.



Assessor Signature

Date

INTERVIEWEE INFORMATION

| | | |
|-----------|--|---|
| 1. | Contact Name: <input type="text"/> | Relationship to Respondent <input type="text"/> |
| | Phone Number(s): <input type="text"/> | Email: <input type="text"/> |
| | Informant Type: <input type="checkbox"/> Self <input type="checkbox"/> Conservator <input type="checkbox"/> Family <input type="checkbox"/> Natural Support <input type="checkbox"/> Paid Provider <input type="checkbox"/> Other: <input type="text"/> | |
| | Approx. Hours Direct Contact Past 1 Month: <input type="text"/> | Approx. Hours Direct Contact Past 3 Months: <input type="text"/> |
| 2. | Contact Name: <input type="text"/> | Relationship to Respondent: <input type="text"/> |
| | Phone Number(s): <input type="text"/> | Email: <input type="text"/> |
| | Informant Type: <input type="checkbox"/> Self <input type="checkbox"/> Conservator <input type="checkbox"/> Family <input type="checkbox"/> Natural Support <input type="checkbox"/> Paid Provider <input type="checkbox"/> Other: <input type="text"/> | |
| | Approx. Hours Direct Contact Past 1 Month: <input type="text"/> | Approx. Hours Direct Contact Past 3 Months: <input type="text"/> |

FIRST INTERVIEW NOTES

List each problem behavior separately (items 1- 8) including the person's primary concern, the frequency and severity and *how others respond to the person when engaging in the problem behavior*. Completion of this description is mandatory prior to submission.

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.

SECOND INTERVIEW NOTES

List each problem behavior separately (items 1- 8) including the person's primary concern, the frequency and severity and *how others respond to the person when engaging in the problem behavior*. Completion of this description is mandatory prior to submission.

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.

Documentation – ICAP Booklet

88

- ❑ If there are no problems for the behavior category, simply write N/A.
- ❑ ONLY ONE ICAP BOOKLET should be filled out, to include the combined responses from both informants.
- ❑ Do Not focus on the ICAP booklet or getting the ICAP booklet filled out as a part of your interview process. Your focus should be on getting the information needed. You should fill out the booklet, separate from the interview process.
- ❑ Answer E.9 – Response to the behavior. Make sure that the information in the response section E.9 matches the information included in the interview notes on the clinical reporting form.
- ❑ Scoring E-9 - Select ONLY ONE RESPONSE. This should be the response that best describes the way staff **usually** respond to the person when problem behaviors occur. If various people respond differently, select the response of the person who is most often present when the problems occur.

9-22890

Robert H. Bruininks
Bradley K. Hill
Richard F. Weatherman
Richard W. Woodcock

Name _____ LAST _____ FIRST _____ M.I. _____
Address _____ STREET _____
CITY _____ STATE _____ ZIP _____
Phone () _____
Residential Facility _____
School/Day Program _____
County/District Responsible _____
Case Manager _____ Phone _____
Parent or Guardian _____ Phone _____
Respondent (Your Name) _____ Your Phone _____
Relationship to Client _____
Reason for Evaluation _____

CALCULATION OF AGE Calculate the client's age by subtracting the birth date from the evaluation date. If the number of days in the client's exact age is less than 15, the client's age is the number of years and months calculated. If the number of days is 15 or greater, the number of months is increased by one.

Client ID _____

Residence ID _____

Day Program ID _____

Co./District ID: _____

Case Manager ID

Other ID

YEAR MONTH DAY

Evaluation Date

(---) Birth Date _____

Age _____

| YRS. | MOS. |
|------|------|
|------|------|

MOTOR SKILLS



| | | | | | | | | | | | | | | | | | | | | | | | |
|--------------|-----|---|---|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|----|----|----|----|----|----|----|----|----|----|
| 0.1, 2, 3, 4 | 5 | 6 | 8 | 10 | 12 | 16 | 20 | 24 | 28 | 32 | 36 | 38 | 42 | 46 | 50 | 53 | 55 | 56 | 57 | | | | |
| 0.1 | 2 | 3 | 4 | 5 | 6 | 8 | 10 | 12 | 16 | 20 | 24 | 28 | 32 | 36 | 42 | 46 | 50 | 53 | 55 | 56 | 57 | | |
| 0.0-3 | 0-3 | | | 0-5 | 0-7 | 0-9 | 1-0 | 1-4 | 1-8 | 2-0 | 2-4 | 2-8 | 3-4 | 4 | 5 | 6 | 8 | 10 | 12 | 15 | 18 | 22 | 25 |

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41 | 42 | 43 | 44 | 45 | 46 | 47 | 48 | 49 | 50 | 51 | 52 | 53 | 54 | 55 | 56 | 57 | 58 | 59 | 60 | 61 | 62 | 63 | 64 | 65 | 66 | 67 | 68 | 69 | 70 | 71 | 72 | 73 | 74 | 75 | 76 | 77 | 78 | 79 | 80 | 81 | 82 | 83 | 84 | 85 | 86 | 87 | 88 | 89 | 90 | 91 | 92 | 93 | 94 | 95 | 96 | 97 | 98 | 99 |
|---|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|

| | | | | | | | | | | | | | | | | | |
|------|-----|-----|-----|-----|-----|-----|-----|----|----|----|----|----|----|----|----|----|----|
| 0 | 1 | 2 | 3 | 5 | 8 | 11 | 14 | 17 | 20 | 26 | 32 | 38 | 44 | 50 | 54 | 56 | 57 |
| 0 | 1 | 2 | 3 | 5 | 8 | 11 | 14 | 17 | 20 | 26 | 32 | 38 | 44 | 50 | 54 | 56 | 57 |
| 0-5 | 0-5 | 0-7 | 0-9 | 1-0 | 1-6 | 2-0 | 2-6 | 3 | 4 | 5 | 6 | 8 | 10 | 12 | 15 | 19 | 22 |
| adit | | | | | | | | | | | | | | | | | |



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E. Problem Behavior

DIRECTIONS: For each category, indicate whether the client exhibits problem behaviors. If yes, describe the client's *primary problem* and indicate its *frequency* and *severity*.

PROBLEM BEHAVIOR CATEGORIES:

- Hurtful to Self
- Hurtful to Others
- Destructive to Property
- Disruptive Behavior
- Unusual or Repetitive Habits
- Socially Offensive Behavior
- Withdrawal or Inattentive Behavior
- Uncooperative Behavior

1. HURTFUL TO SELF

Injures own body—for example, by hitting self, banging head, scratching, cutting or puncturing, biting, rubbing skin, pulling out hair, picking on skin, biting nails, or pinching.

a. If yes, describe the PRIMARY PROBLEM:

If none, mark never (0) for frequency and not serious (0) for severity.

b. FREQUENCY: How often does this behavior usually occur? (Mark one)

- ☐ 0. Never
- ☐ 1. Less than once a month
- ☐ 2. One to 3 times a month
- ☐ 3. One to 6 times a week
- ☐ 4. One to 10 times a day
- ☐ 5. One or more times an hour

c. SEVERITY: How serious is the problem usually caused by this behavior? (Mark one)

- ☐ 0. Not serious; not a problem
- ☐ 1. Slightly serious; a mild problem
- ☐ 2. Moderately serious; a moderate problem
- ☐ 3. Very serious; a severe problem
- ☐ 4. Extremely serious; a critical problem

Comments:

2. HURTFUL TO OTHERS

Causes physical pain to other people or to animals—for example, by hitting, kicking, biting, pinching, scratching, pulling hair, or striking with an object.

a. If yes, describe the PRIMARY PROBLEM:

If none, mark never (0) for frequency and not serious (0) for severity.

b. FREQUENCY: How often does this behavior usually occur? (Mark one)

- ☐ 0. Never
- ☐ 1. Less than once a month
- ☐ 2. One to 3 times a month
- ☐ 3. One to 6 times a week
- ☐ 4. One to 10 times a day
- ☐ 5. One or more times an hour

c. SEVERITY: How serious is the problem usually caused by this behavior? (Mark one)

- ☐ 0. Not serious; not a problem
- ☐ 1. Slightly serious; a mild problem
- ☐ 2. Moderately serious; a moderate problem
- ☐ 3. Very serious; a severe problem
- ☐ 4. Extremely serious; a critical problem

Comments:

3. DESTRUCTIVE TO PROPERTY

Deliberately breaks, damages or destroys things—for example, by hitting, tearing or cutting, throwing, burning, marking or scratching things.

a. If yes, describe the PRIMARY PROBLEM:

If none, mark never (0) for frequency and not serious (0) for severity.

b. FREQUENCY: How often does this behavior usually occur? (Mark one)

- ☐ 0. Never
- ☐ 1. Less than once a month
- ☐ 2. One to 3 times a month
- ☐ 3. One to 6 times a week
- ☐ 4. One to 10 times a day
- ☐ 5. One or more times an hour

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- ☐ 0. Not serious; not a problem
- ☐ 1. Slightly serious; a mild problem
- ☐ 2. Moderately serious; a moderate problem
- ☐ 3. Very serious; a severe problem
- ☐ 4. Extremely serious; a critical problem

Comments:

4. DISRUPTIVE BEHAVIOR

Interferes with activities of others—for example, by clinging, pestering or teasing, arguing or complaining, picking fights, laughing or crying without reason, interrupting, yelling or screaming.

a. If yes, describe the PRIMARY PROBLEM:

If none, mark never (0) for frequency and not serious (0) for severity.

b. FREQUENCY: How often does this behavior usually occur? (Mark one)

- ☐ 0. Never
- ☐ 1. Less than once a month
- ☐ 2. One to 3 times a month
- ☐ 3. One to 6 times a week
- ☐ 4. One to 10 times a day
- ☐ 5. One or more times an hour

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- ☐ 0. Not serious; not a problem
- ☐ 1. Slightly serious; a mild problem
- ☐ 2. Moderately serious; a moderate problem
- ☐ 3. Very serious; a severe problem
- ☐ 4. Extremely serious; a critical problem

Comments:

5. UNUSUAL OR REPETITIVE HABITS

Unusual behaviors that may be done over and over—for example, pacing, rocking, twirling fingers, sucking hands or objects, twitching (nervous tics), talking to self, grinding teeth, eating dirt or other objects, eating too much or too little, staring at an object or into space, or making odd faces or noises.

a. If yes, describe the PRIMARY PROBLEM:

If none, mark never (0) for frequency and not serious (0) for severity.

b. FREQUENCY: How often does this behavior usually occur? (Mark one)

- ☐ 0. Never
- ☐ 1. Less than once a month
- ☐ 2. One to 3 times a month
- ☐ 3. One to 6 times a week
- ☐ 4. One to 10 times a day
- ☐ 5. One or more times an hour

c. SEVERITY: How serious is the problem usually caused by this behavior? (Mark one)

- ☐ 0. Not serious; not a problem
- ☐ 1. Slightly serious; a mild problem
- ☐ 2. Moderately serious; a moderate problem
- ☐ 3. Very serious; a severe problem
- ☐ 4. Extremely serious; a critical problem

Comments:

6. SOCIALLY OFFENSIVE BEHAVIOR

Behavior that is offensive to others—for example, by talking too loud, swearing or using vulgar language, lying, standing too close or touching others too much, threatening, talking nonsense, spitting at others, picking nose, belching, expelling gas, touching genitals, or urinating in inappropriate places.

a. If yes, describe the PRIMARY PROBLEM:

If none, mark never (0) for frequency and not serious (0) for severity.

b. FREQUENCY: How often does this behavior usually occur? (Mark one)

- ☐ 0. Never
- ☐ 1. Less than once a month
- ☐ 2. One to 3 times a month
- ☐ 3. One to 6 times a week
- ☐ 4. One to 10 times a day
- ☐ 5. One or more times an hour

c. SEVERITY: How serious is the problem usually caused by this behavior? (Mark one)

- ☐ 0. Not serious; not a problem
- ☐ 1. Slightly serious; a mild problem
- ☐ 2. Moderately serious; a moderate problem
- ☐ 3. Very serious; a severe problem
- ☐ 4. Extremely serious; a critical problem

Comments:

9. RESPONSE TO PROBLEM BEHAVIORS IN ANY OF THE 8 CATEGORIES

How do you or other people usually respond when the client exhibits problem behaviors? (Mark one)

- ☐ 0. No problem behaviors in any of the 8 categories
- ☐ 1. Do nothing, or offer comfort
- ☐ 2. Ask client to stop, reason with him or her
- ☐ 3. Purposely ignore, reward other behavior
- ☐ 4. Ask client to amend or correct the situation
- ☐ 5. Structure or restructure surroundings, remove material
- ☐ 6. Ask client to leave room, sit elsewhere (time out)
- ☐ 7. Take away privileges from client
- ☐ 8. Physically redirect, remove or restrain client
- ☐ 9. Get help (two or more people needed to control client)
- ☐ 10. Other: _____

Comments:

7. WITHDRAWAL OR INATTENTIVE BEHAVIOR

Difficulty being around others or paying attention—for example, keeping away from other people, expressing unusual fears, showing little interest in activities, appearing sad or worried, showing little concentration on a task, sleeping too much, or talking negatively about self.

a. If yes, describe the PRIMARY PROBLEM:

If none, mark never (0) for frequency and not serious (0) for severity.

b. FREQUENCY: How often does this behavior usually occur? (Mark one)

- ☐ 0. Never
- ☐ 1. Less than once a month
- ☐ 2. One to 3 times a month
- ☐ 3. One to 6 times a week
- ☐ 4. One to 10 times a day
- ☐ 5. One or more times an hour

c. SEVERITY: How serious is the problem usually caused by this behavior? (Mark one)

- ☐ 0. Not serious; not a problem
- ☐ 1. Slightly serious; a mild problem
- ☐ 2. Moderately serious; a moderate problem
- ☐ 3. Very serious; a severe problem
- ☐ 4. Extremely serious; a critical problem

Comments:

8. UNCOOPERATIVE BEHAVIOR

Behavior that is uncooperative—for example, refusing to obey, do chores, or follow rules; acting defiant or pouting; refusing to attend school or go to work; arriving late at school or work; refusing to take turns or share; cheating; stealing; or breaking laws.

a. If yes, describe the PRIMARY PROBLEM:

If none, mark never (0) for frequency and not serious (0) for severity.

b. FREQUENCY: How often does this behavior usually occur? (Mark one)

- ☐ 0. Never
- ☐ 1. Less than once a month
- ☐ 2. One to 3 times a month
- ☐ 3. One to 6 times a week
- ☐ 4. One to 10 times a day
- ☐ 5. One or more times an hour

c. SEVERITY: How serious is the problem usually caused by this behavior? (Mark one)

- ☐ 0. Not serious; not a problem
- ☐ 1. Slightly serious; a mild problem
- ☐ 2. Moderately serious; a moderate problem
- ☐ 3. Very serious; a severe problem
- ☐ 4. Extremely serious; a critical problem

Comments:

Behaviors: PAE vs ICAP

Behavior Rule...

- The Applicant requires persistent staff or caregiver intervention and supervision (daily or at least four days per week) due to an established and persistent pattern of behavioral problems which are not primarily related to a mental health condition (for which mental health treatment would be the most appropriate course of treatment) or a substance abuse disorder (for which substance abuse treatment would be the most appropriate course of treatment), and which, absent such continual intervention and supervision, place the Applicant or others at imminent and serious risk of harm. Such behaviors may include physical aggression (including assaultive or self-injurious behavior, destruction of property, resistive or combative to personal and other care, intimidating/threatening, or sexual acting out or exploitation) or inappropriate or unsafe behavior (including disrobing in public, eating non-edible substances, fire setting, unsafe cooking or smoking, wandering, elopement, or getting lost).

Behaviors: PAE vs ICAP

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- There may be times, based upon TennCare's definition of behavior, that a PAE is submitted with behaviors indicated, but Ascend subsequently does not agree that such behaviors require an ICAP.
- If this occurs Ascend will email the submitter with this communication.
- Please attach this communication and the clinical reporting form to the PAE.

Submitting the ICAP and Accessing Final Report

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- ❑ ICAP documentation (clinical reporting form and booklet) to be submitted via FAX to Ascend for review
- ❑ Use provided fax cover sheet with Ascend fax # and contact information
- ❑ Include your name, phone number and email address on fax cover sheet; this will be used if additional information is needed
- ❑ Report available on Ascend website within 2 business days
- ❑ Ascend website: www.ascendami.com
- ❑ Username will be provided for login



877.431.1388

answers@ascendami.com

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Welcome to the Tennessee ICAP Web Portal provided by Ascend.
Please use the menu to navigate this site.

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Search by Last Name, First Name, or SSN:

Search for ICAP information by Client

| Client ID | Last Name | First Name | SSN (Last 4 Digits) |
|-----------|-----------|------------|---------------------|
| 12345 | Smith | John | 0000 |
| 23456 | Smith | June | 1111 |

Print/Save

Client Information

| | | | |
|---------------------|-------------|--------------------------|--------------------------|
| Client Name: | Doe, Jane | Class Membership: | TENN |
| SSN: | 000-00-0000 | Res: | SUNRISE COMMUNITY - EAST |
| Region: | E | Day: | SUNRISE COMMUNITY - EAST |
| DOB: | 01/01/2000 | ISC: | Arc of Washington County |
| | | PA: | |

Client Information

| | | |
|--------------|-------------|-------------------------|
| Client Name: | Doe, Jane | Waiver: ECF |
| SSN: | 000-00-0000 | Assessment Entity: ETRO |
| Region: | E | Assessor: Smith, John |
| DOB: | 01/01/2000 | |

Assessments

| | | | |
|-----------------------------------|------------|--|--|
| Review Date | 07/01/2016 | | |
| Scheduled or re-do? | Scheduled | | |
| Adaptive Behavior: | | | |
| Motor Domain | | | |
| Social/communication | | | |
| Personal Living | | | |
| Community Living | | | |
| Broad Independence | | | |
| Overall age equivalent in months: | | | |
| Health Item | | | |
| Blindness | | | |
| Mobility | | | |
| Maladaptive Behavior: | | | |
| Internalized | Normal | | |
| Asocial | Normal | | |
| Externalized | Normal | | |
| General | Normal | | |
| High Risk** | | | |
| ICAP Service Score | | | |
| ICAP Service Level | | | |
| ICAP DMRS LON* | | | |
| ICAP Level Descriptions | | | |

Process Flow

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1. Schedule LSA
2. Complete LSA (& ICAP, if applicable)
3. Fax ICAP to Ascend—Results in 1-2 business days
4. Ascend reviews, scores ICAP, contacts assessor with questions
5. Ascend finalizes ICAP
6. Access portal for outcome and project report
7. Attach report to the PAE

Attestation

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- In order to receive credit for this training and to extend your ECF Qualified Assessor code you must sign the Attestation here: https://stateoftennessee.formstack.com/forms/ecf_qualified_assessor_attestation_copy

Thank You!

Thank You for taking the ECF Qualified Assessor
Refresher Training and attesting to your
knowledge!